Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART ! (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		\Box	NUMBER EXTRA		Γ	RATE	FEE	· [RATE	FEE
BASIC FEE			- 			3.75 2.		345.00	OR		690.00		
TOTAL CLAIMS // minus 20=				•			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS							X39=		OR	X78=			
MU	LTIPLE DEPEN	DENT	CLAIM PF	RESENT			·		+130=		OR	+260=	Hé O
• If	the difference	in colu	ımn 1 is l	ess than ze	ro, e	enter "0" in c	olumn 2	L	TOTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN R SMALL ENTITY		
ENT A	A	CL REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. (7	Minus	**	20	= -	[X\$ 9=		OR	X\$18=	
MEN	Independent	• 6	2	Minus	***	<u> </u>	=		X39=		OR	X78=	
<u> </u>	FIRST PRESE	NTATIO	ON OF MI	JLTIPLE DEF	PENE	DENT CLAIM		ı þ	+130=		OR	+260=	7
								L	TOTAL			TOTAL	
		10-1	lumn 1)		ıc	Column 2)	(Column 3)		ADDIT. FEE		4	ADDIT. FEE	F
AMENDMENT B	C REM		LAIMS MAINING		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total +		18	Minus	••	90	- 0		X\$ 9=		OR	X\$18=	
ME	Independent	·	4	Minus	***	<u> </u>	=		X39=		OR	X78.284	
Ľ	FIRST PRESE	NTATIO	ON OF MI	ULTIPLE DEI	PEN	DENT CLAIM		ı þ	+130=		OR	+260=	
Ī								L	TOTAL		1 .	TOTAL ADDIT. FEE	
		(0.0)	lumn 1)		ıc	Column 2)	(Column 3)		ADDIT. FEE		J ~· '	AUUIT. FEE	
ENT C	C REM A		AIMS AINING TER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•		Minus	••		=] [X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus		•••		=	 	X39=		OR	X78=	
Ľ	FIRST PRESE	NTATI	ON OF M	ULTIPLE DE	PENI	DENT CLAIM		1	±120-	<u> </u>	1	+260=	
	If the entry in colu	mn 1 is	less than t	he entry in colu	ımn 2	!, write "0" in co	dumn 3.	L	+130= TOTAL		OR	TOTAL	
	If the "Highest Nu If the "Highest Nu The "Highest Num	mber Pr	reviously Pa	aid For IN THI	IS SP	ACE is less the	an 20, enter "20 an 3. enter "3."	-	ADDIT. FEE	propriate bo	OR ox in \propto	ADDIT. FEE	

PATENT APPLICATION FLÉ DETERMINATION RECORD Effective October 1, 2001

Effec	tive October 1, 2	001					
CLAIMS A	S FILED - PART	1	SMAI	L ENTITY		^=·	
TOTAL CLAIMS	(Column 1)	(Column 2)	TYPE		OF		IER THA
FOR	MUMBED EUED		RAT			RAT	E F
TOTAL CHARGEABLE CLAIMS	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 370.0	0 OR	BASIC F	EE 740
DEPENDENT CLAIMS	minus 20=	*	X\$ 9	=	OR	X\$18:	=
ULTIPLE DEPENDENT CLAIM PE	minus 3 =		X42=		OR	X84=	-
			+140=	_	7		
If the difference in column 1 is le	ess than zero, enter	"0" in column 2	TOTAL		OR	+280=	
	MENDED - PART	T II	10171	<u> </u>	OR	TOTAL	L
(Column 1)	(Colum HIGHE	nn 2) (Column 3)	SMAL	L ENTITY	OR ·	SMALL	R THAI ENTIT
REMAINING AFTER AMENDMENT	NUMB PREVIOU PAID F	ER PRESENT USLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADI TION FEI
	finus **	0 = /	X\$ 9=	/	OR	X\$18=	1 .
FIRST PRESENTATION OF MUL	TIPLE DEPENDENT	= /	X42=	1 /-	OR	X84=	╀
	THE DEPENDENT	LAIM	+140=				-
			TOTAL		* · · · L	+280= TOTAL	
(Column 1)	· (Column	(Column 3)	ADDIT, FEE		OR A	DDIT. FEE	
CLAIMS REMAINING AFTER AMENDMENT	HIGHES NUMBE PREVIOUS	R PRESENT SLY EXTRA	RATE	ADDI- TIONAL	Γ	RATE	ADD TION
Total	PAID FO			FEE	_		FEE
Independent * Mi	nus **	=	X\$ 9=		OR O	X\$18=	
IRST PRESENTATION OF MULTI	PLE DEPENDENT CL	AIM	X42=		OR _	X84=	
-			+140=		OR +	280=	
			TOTAL ADDIT. FEE	(DR AD	TOTAL DIT FEE	
(Column 1) CLAIMS	(Column 2				ADI	711. FEE L	
REMAINING AFTER AMENDMENT	NUMBER PREVIOUS PAID FOR	PRESENT EXTRA	RATE 1	ADDI- TIONAL	· F	RATE	ADDI- TIONAI
otal * Minu	ıs 👯 sı	= '	X\$ 9=	FEE		*	FEE
dependent * Mint	ł	=		0	-	\$.18=	
RST PRESENTATION OF MULTIP	LE DEPENDENT CLA	AIM 📗	X42=	0	R X	84=	
e entry in column 1 is less than the entr	y in column 2, write "0" in	i cotumn 3	+140=	OI	7	80=	
e "Highest Number Previously Paid For e "Highest Number Previously Paid For "Highest Number Previously Paid For"	"IN THIS SPACE is less	than 20, enter "20."	TOTAL DDIT. FEE	OF		TOTAL T. FEE	- , , , , , , , , , , , , , , , , , , ,